PAGE 1/5 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Vivint Solar Inc. Political Action Committee 1800 W. Ashton Blvd. ADDRESS (number and street) (Check if address is changed) Lehi 84043 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS stephen.lassiter@sunrun.com (Check if address is changed) Optional Second E-Mail Address wfarah@berkefarah.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00683383 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lassiter, Stephen, , , Type or Print Name of Treasurer Lassiter, Stephen, , , [Electronically Filed] 10 16 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

Er	=C E 2=	m 1 (Revised 02/2000)	Page 2
		m 1 (Revised 02/2009) DMMITTEE	raye Z
Cand	lidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Name Candid			
Candid Party A		n Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Com	mittee:	
(d)			Democratic, epublican, etc.) Party
Politi	cal A	etion Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Comr	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	02/2009)		Page 3
Write or Type Committee Name			9
	Political Action Cor	nmittee	
	rganization, Affiliated Committee, Joi		e, or Leadership PAC Sponsor
Vivint Solar Inc.			
	<u> </u>		<u> </u>
Mailing Address	1800 W.Ashton		
Mailing Address			
	Lehi	UT	84043
	CITY	STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number -	- optional) and position of the	person in possession of committee
Lassiter, S	tephen, , ,		
	225 Bush Street		
Mailing Address	14th Floor		
	San Francisco	CA	94104
Title or Position	CITY	STATE	ZIP CODE
Sr. Manager		Telephone number	202 - 664 - 0488
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) o	f the treasurer of the committee	e; and the name and address of
Full Name Lassiter, St	tephen, , ,		
Mailing Address	225 Bush Street		
	14th Floor		
	San Francisco	CA	94104
Title or Position	CITY	STATE	ZIP CODE
Sr. Manager		Telephone number	202 664 - 0488

I LO I OII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds. Depository, etc. Zions Bank	13 decoding, rems
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, I	Depository, etc. Zions Bank 180 N. University Ave.	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Zions Bank 180 N. University Ave. Provo UT 84601 CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Zions Bank 180 N. University Ave. Provo UT 84601 CITY STATE	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Zions Bank 180 N. University Ave. Provo UT 84601 CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Zions Bank 180 N. University Ave. Provo UT 84601 CITY STATE	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Zions Bank 180 N. University Ave. Provo UT 84601 CITY STATE	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Zions Bank 180 N. University Ave. Provo UT 84601 CITY STATE	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundacal Action Committee (Sunrun PAC)		
Mailing Address	225 Bush Street		
	14th Floor		
	San Francisco	CA	94104
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC S
Connecte	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
Connecte		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identi Full Name	fy by name, address (phone number – optional)	Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A